




## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>HIPAA PRIVACY TRAINING</b>	POLICY NO. <b>500.12</b>	EFFECTIVE DATE <b>04/14/03</b>	PAGE <b>1 of 2</b>
APPROVED BY:  Director	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) <b>1</b>

### **PURPOSE**

- 1.1 Health information is personal and sensitive information that is accorded special protection under federal and state law. The purpose of this policy is to outline the methodology for training all of the Department of Mental Health (DMH) workforce members on Department policies and procedures for safeguarding Protected Health Information (PHI).

### **POLICY**

- 2.1 DMH will train its entire workforce regarding the use and implementation of the Privacy Policies and Procedures. DMH may rely on training regarding the Privacy Regulations that interns and volunteers receive from another covered entity as long as they can provide evidence of such training. However, DMH must also ensure that the interns and volunteers are also trained on its relevant Privacy Policies and Procedures.

### **DEFINITIONS**

- 3.1 **“Workforce”** means employees, volunteers, interns, trainees and other persons whose conduct in the performance of their work is under the direct control of DMH, whether or not they are paid by the County.

### **PROCEDURES**

- 4.1 The designated Privacy Officer, with guidance and approval from the Chief Information Privacy Officer (CIPO), will designate the methods and manner in which training will be accomplished and will develop a Training Plan and supporting training materials. Training materials should include a mechanism to demonstrate understanding of the information presented.
- 4.2 It will be the responsibility of the DMH Privacy Officer to ensure that the DMH workforce receives training. DMH will be solely responsible for training its interns and volunteers.
- 4.3 A Privacy Training Coordinator, or Coordinators, may be designated to liaison with the DMH Privacy Officer and CIPO to ensure that training is accomplished.
- 4.4 Training will be tracked by utilizing the HCCS web reporting tools or another equivalent system. DMH shall actively monitor its overall training status to ensure that workforce members are added, archived or marked as inactive, as necessary.



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- 4.5 Employees, volunteers and interns shall be trained no later than April 14, 2003. Any member who is present and fails to meet this deadline will be considered to be in violation of this policy and shall be administratively managed in accordance with the DMH Privacy Disciplinary Policy.
- 4.6 Each employee, volunteer or intern whose duties are affected by a material change in the DMH Privacy Policies shall receive training regarding the material change within thirty (30) calendar days after the change becomes effective.
- 4.7 New or reassigned employees, volunteers and interns shall receive training within thirty (30) calendar days after their official commencement of duties. The failure of an employee, volunteer or intern to complete the required training within the thirty (30) day period will be considered in violation of this policy and be administratively managed in accordance with the DMH Privacy Disciplinary Policy.

### **DOCUMENT RETENTION**

- 5.1 Documentation regarding training must be maintained for a period of at least six (6) years from the date of its creation or the date when it was last in effect, whichever is later.

### **AUTHORITY**

HIPAA, 45 CFR Section 164.530 (c)(1)